



QUARTERLY STATEMENT
AS OF March 31, 2011
OF THE CONDITION AND AFFAIRS OF THE
TOTAL HEALTH CARE USA, INC.

| | | | | | | |
|---------------------------------------|---|------------------------|--|------------|--|------------|
| NAIC Group Code | 1238 (Current Period) | 1238 (Prior Period) | NAIC Company Code | 12326 | Employer's ID Number | 38-3240485 |
| Organized under the Laws of | Michigan | | State of Domicile or Port of Entry | Michigan | | |
| Country of Domicile | United States of America | | | | | |
| Licensed as business type: | Life, Accident & Health[] Dental Service Corporation[] Other[] | | Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[] | | Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X] | |
| Incorporated/Organized | 02/18/1994 | | Commenced Business | 02/18/1994 | | |
| Statutory Home Office | 3011 W. GRAND BLVD., SUITE 1600 (Street and Number) | | DETROIT, MI 48202 (City, or Town, State and Zip Code) | | | |
| Main Administrative Office | 3011 W. GRAND BLVD., SUITE 1600 (Street and Number) | | | | | |
| | DETROIT, MI 48202 (City or Town, State and Zip Code) | | (313)871-2000 (Area Code) (Telephone Number) | | | |
| Mail Address | 3011 W. GRAND BLVD., SUITE 1600 (Street and Number or P.O. Box) | | DETROIT, MI 48202 (City, or Town, State and Zip Code) | | | |
| Primary Location of Books and Records | 3011 W. GRAND BLVD., SUITE 1600 (Street and Number) | | | | | |
| | DETROIT, MI 48202 (City, or Town, State and Zip Code) | | (313)871-2000 (Area Code) (Telephone Number) | | | |
| Internet Web Site Address | TOTALHEALTHCAREONLINE.COM | | | | | |
| Statutory Statement Contact | NICOLE KHODADADEH, CFO (Name) | | (313)871-6402 (Area Code)(Telephone Number)(Extension) | | | |
| | NKHODADADEH@THC-ONLINE.COM (E-Mail Address) | | (313)871-4762 (Fax Number) | | | |

OFFICERS

| Name | Title |
|---------------------------------|--------------------|
| RANDY NAROWITZ | EXECUTIVE DIRECTOR |
| KATHY KATHER | SECRETARY |
| DOUGLAS PAUL BAKER | TREASURER |
| ROBYN JAMES ARRINGTON JR., M.D. | MEDICAL DIRECTOR |

OTHERS

DIRECTORS OR TRUSTEES

| | |
|-------------------------|---------------------------|
| DOUGLAS PAUL BAKER | KATHY KATHER |
| RUBY COLE | GERTRUDE HELEN MINKIEWICZ |
| JEANETTE OCTAVIA ABBOTT | |

State of Michigan
County of WAYNE ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| | | |
|--|--|---|
| (Signature) RANDY NAROWITZ (Printed Name) 1. EXECUTIVE DIRECTOR (Title) | (Signature) KATHY KATHER (Printed Name) 2. SECRETARY (Title) | (Signature) DOUGLAS PAUL BAKER (Printed Name) 3. TREASURER (Title) |
| Subscribed and sworn to before me this day of , 2011 | a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached | Yes[X] No[] |
| (Notary Public Signature) | | |

ASSETS

| | | Current Statement Date | | | 4 |
|----------------------|--|------------------------|--------------------|-----------------------------------|--|
| | | 1 | 2 | 3 | |
| | | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | December 31 Prior Year Net Admitted Assets |
| 1. | Bonds | 539,982 | | 539,982 | 539,719 |
| 2. | Stocks: | | | | |
| 2.1 | Preferred stocks | | | | |
| 2.2 | Common stocks | | | | 13,787 |
| 3. | Mortgage loans on real estate: | | | | |
| 3.1 | First liens | | | | |
| 3.2 | Other than first liens | | | | |
| 4. | Real estate: | | | | |
| 4.1 | Properties occupied by the company (less \$.....0 encumbrances) | | | | |
| 4.2 | Properties held for the production of income (less \$.....0 encumbrances) | | | | |
| 4.3 | Properties held for sale (less \$.....0 encumbrances) | | | | |
| 5. | Cash (\$.....23,434,693), cash equivalents (\$.....0) and short-term investments (\$.....2,681,165) | 26,115,858 | | 26,115,858 | 22,927,424 |
| 6. | Contract loans (including \$.....0 premium notes) | | | | |
| 7. | Derivatives | | | | |
| 8. | Other invested assets | | | | |
| 9. | Receivables for securities | | | | |
| 10. | Securities lending reinvested collateral assets | | | | |
| 11. | Aggregate write-ins for invested assets | | | | |
| 12. | Subtotals, cash and invested assets (Lines 1 to 11) | 26,655,840 | | 26,655,840 | 23,480,930 |
| 13. | Title plants less \$.....0 charged off (for Title insurers only) | | | | |
| 14. | Investment income due and accrued | 42,897 | | 42,897 | 29,608 |
| 15. | Premiums and considerations: | | | | |
| 15.1 | Uncollected premiums and agents' balances in the course of collection | 1,518,340 | 208,260 | 1,310,080 | 1,127,578 |
| 15.2 | Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) | | | | |
| 15.3 | Accrued retrospective premiums | | | | |
| 16. | Reinsurance: | | | | |
| 16.1 | Amounts recoverable from reinsurers | 1,037 | | 1,037 | 106,662 |
| 16.2 | Funds held by or deposited with reinsured companies | | | | |
| 16.3 | Other amounts receivable under reinsurance contracts | | | | |
| 17. | Amounts receivable relating to uninsured plans | | | | |
| 18.1 | Current federal and foreign income tax recoverable and interest thereon | | | | |
| 18.2 | Net deferred tax asset | | | | |
| 19. | Guaranty funds receivable or on deposit | | | | |
| 20. | Electronic data processing equipment and software | | | | |
| 21. | Furniture and equipment, including health care delivery assets (\$.....0) | | | | |
| 22. | Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 23. | Receivables from parent, subsidiaries and affiliates | | | | |
| 24. | Health care (\$.....1,019,100) and other amounts receivable | 1,216,845 | 197,745 | 1,019,100 | 930,013 |
| 25. | Aggregate write-ins for other than invested assets | 73,964 | 66,757 | 7,207 | 2,576 |
| 26. | Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 29,508,923 | 472,762 | 29,036,161 | 25,677,367 |
| 27. | From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. | Total (Lines 26 and 27) | 29,508,923 | 472,762 | 29,036,161 | 25,677,367 |
| DETAILS OF WRITE-INS | | | | | |
| 1101. | | | | | |
| 1102. | | | | | |
| 1103. | | | | | |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. | TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | |
| 2501. | Other Receivable | 73,964 | 66,757 | 7,207 | 2,576 |
| 2502. | | | | | |
| 2503. | | | | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. | TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | 73,964 | 66,757 | 7,207 | 2,576 |

LIABILITIES, CAPITAL AND SURPLUS

| | | Current Period | | | Prior Year |
|----------------------|--|----------------|----------------|------------|------------|
| | | 1 Covered | 2 Uncovered | 3 Total | 4 Total |
| 1. | Claims unpaid (less \$.00 reinsurance ceded) | 7,835,851 | | 7,835,851 | 6,894,310 |
| 2. | Accrued medical incentive pool and bonus amounts | 173,339 | | 173,339 | 249,351 |
| 3. | Unpaid claims adjustment expenses | 174,301 | | 174,301 | 153,283 |
| 4. | Aggregate health policy reserves | | | | |
| 5. | Aggregate life policy reserves | | | | |
| 6. | Property/casualty unearned premium reserve | | | | |
| 7. | Aggregate health claim reserves | | | | |
| 8. | Premiums received in advance | 2,870,260 | | 2,870,260 | 2,527,119 |
| 9. | General expenses due or accrued | 409,056 | | 409,056 | 324,453 |
| 10.1 | Current federal and foreign income tax payable and interest thereon (including \$.00 on realized gains (losses)) | | | | |
| 10.2 | Net deferred tax liability | | | | |
| 11. | Ceded reinsurance premiums payable | | | | |
| 12. | Amounts withheld or retained for the account of others | | | | |
| 13. | Remittances and items not allocated | | | | |
| 14. | Borrowed money (including \$.00 current) and interest thereon \$.00 (including \$.00 current) | | | | |
| 15. | Amounts due to parent, subsidiaries and affiliates | 1,504,063 | | 1,504,063 | 104,626 |
| 16. | Derivatives | | | | |
| 17. | Payable for securities | | | | |
| 18. | Payable for securities lending | | | | |
| 19. | Funds held under reinsurance treaties with (\$.00 authorized reinsurers and \$.00 unauthorized reinsurers) | | | | |
| 20. | Reinsurance in unauthorized companies | | | | |
| 21. | Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 22. | Liability for amounts held under uninsured plans | | | | |
| 23. | Aggregate write-ins for other liabilities (including \$.00 current) | | | | |
| 24. | Total liabilities (Lines 1 to 23) | 12,966,870 | | 12,966,870 | 10,253,142 |
| 25. | Aggregate write-ins for special surplus funds | X X X | X X X | | |
| 26. | Common capital stock | X X X | X X X | | |
| 27. | Preferred capital stock | X X X | X X X | | |
| 28. | Gross paid in and contributed surplus | X X X | X X X | 6,273,089 | 6,273,089 |
| 29. | Surplus notes | X X X | X X X | | |
| 30. | Aggregate write-ins for other than special surplus funds | X X X | X X X | | |
| 31. | Unassigned funds (surplus) | X X X | X X X | 9,796,202 | 9,151,136 |
| 32. | Less treasury stock, at cost: | | | | |
| 32.1 | .00 shares common (value included in Line 26 \$.00) | X X X | X X X | | |
| 32.2 | .00 shares preferred (value included in Line 27 \$.00) | X X X | X X X | | |
| 33. | Total capital and surplus (Lines 25 to 31 minus Line 32) | X X X | X X X | 16,069,291 | 15,424,225 |
| 34. | Total Liabilities, capital and surplus (Lines 24 and 33) | X X X | X X X | 29,036,161 | 25,677,367 |
| DETAILS OF WRITE-INS | | | | | |
| 2301. | Accrued Other | | | | |
| 2302. | | | | | |
| 2303. | | | | | |
| 2398. | Summary of remaining write-ins for Line 23 from overflow page | | | | |
| 2399. | TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) | | | | |
| 2501. | | X X X | X X X | | |
| 2502. | | X X X | X X X | | |
| 2503. | | X X X | X X X | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page | X X X | X X X | | |
| 2599. | TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | X X X | X X X | | |
| 3001. | | X X X | X X X | | |
| 3002. | | X X X | X X X | | |
| 3003. | | X X X | X X X | | |
| 3098. | Summary of remaining write-ins for Line 30 from overflow page | X X X | X X X | | |
| 3099. | TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) | X X X | X X X | | |

STATEMENT OF REVENUE AND EXPENSES

| | | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|------------------------------|---|----------------------|------------|--------------------|------------------------------|
| | | 1 Uncovered | 2 Total | 3 Total | 4 Total |
| 1. | Member Months | X X X | 78,396 | 61,483 | 271,595 |
| 2. | Net premium income (including \$.....0 non-health premium income) | X X X | 21,726,481 | 15,738,141 | 71,545,016 |
| 3. | Change in unearned premium reserves and reserves for rate credits | X X X | | | |
| 4. | Fee-for-service (net of \$.....0 medical expenses) | X X X | | | |
| 5. | Risk revenue | X X X | | | |
| 6. | Aggregate write-ins for other health care related revenues | X X X | | | |
| 7. | Aggregate write-ins for other non-health revenues | X X X | | | |
| 8. | Total revenues (Lines 2 to 7) | X X X | 21,726,481 | 15,738,141 | 71,545,016 |
| Hospital and Medical: | | | | | |
| 9. | Hospital/medical benefits | | 11,818,325 | 5,384,872 | 34,631,024 |
| 10. | Other professional services | | 1,213,717 | 3,022,054 | 4,000,982 |
| 11. | Outside referrals | | | | |
| 12. | Emergency room and out-of-area | | 1,846,773 | 2,045,016 | 5,819,908 |
| 13. | Prescription drugs | | 2,324,869 | 1,682,076 | 7,702,573 |
| 14. | Aggregate write-ins for other hospital and medical | | | 3,058 | 3,058 |
| 15. | Incentive pool, withhold adjustments and bonus amounts | | (163,092) | 154,607 | (312,459) |
| 16. | Subtotal (Lines 9 to 15) | | 17,040,592 | 12,291,683 | 51,845,086 |
| Less: | | | | | |
| 17. | Net reinsurance recoveries | | 3,000 | 13,966 | 219,335 |
| 18. | Total hospital and medical (Lines 16 minus 17) | | 17,037,592 | 12,277,717 | 51,625,751 |
| 19. | Non-health claims (net) | | | | |
| 20. | Claims adjustment expenses, including \$.....0 cost containment expenses | | 77,656 | 57,923 | 257,173 |
| 21. | General administrative expenses | | 4,065,881 | 2,838,347 | 12,670,016 |
| 22. | Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) | | | | |
| 23. | Total underwriting deductions (Lines 18 through 22) | | 21,181,129 | 15,173,987 | 64,552,940 |
| 24. | Net underwriting gain or (loss) (Lines 8 minus 23) | X X X | 545,352 | 564,154 | 6,992,076 |
| 25. | Net investment income earned | | 17,836 | 40,359 | 113,043 |
| 26. | Net realized capital gains (losses) less capital gains tax of \$.....0 | | | | |
| 27. | Net investment gains or (losses) (Lines 25 plus 26) | | 17,836 | 40,359 | 113,043 |
| 28. | Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] | | | | |
| 29. | Aggregate write-ins for other income or expenses | | | | |
| 30. | Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) | X X X | 563,188 | 604,513 | 7,105,119 |
| 31. | Federal and foreign income taxes incurred | X X X | | | |
| 32. | Net income (loss) (Lines 30 minus 31) | X X X | 563,188 | 604,513 | 7,105,119 |
| DETAILS OF WRITE-INS | | | | | |
| 0601. | | X X X | | | |
| 0602. | | X X X | | | |
| 0603. | | X X X | | | |
| 0698. | Summary of remaining write-ins for Line 6 from overflow page | X X X | | | |
| 0699. | TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) | X X X | | | |
| 0701. | | X X X | | | |
| 0702. | | X X X | | | |
| 0703. | | X X X | | | |
| 0798. | Summary of remaining write-ins for Line 7 from overflow page | X X X | | | |
| 0799. | TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) | X X X | | | |
| 1401. | Other Expense | | | 3,058 | 3,058 |
| 1402. | | | | | |
| 1403. | | | | | |
| 1498. | Summary of remaining write-ins for Line 14 from overflow page | | | | |
| 1499. | TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) | | | 3,058 | 3,058 |
| 2901. | | | | | |
| 2902. | | | | | |
| 2903. | | | | | |
| 2998. | Summary of remaining write-ins for Line 29 from overflow page | | | | |
| 2999. | TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) | | | | |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | | 1 | 2 | 3 |
|---------------------------|--|-------------------------|-----------------------|------------------------------------|
| | | Current Year To Date | Prior Year To Date | Prior Year Ended December 31 |
| CAPITAL & SURPLUS ACCOUNT | | | | |
| 33. | Capital and surplus prior reporting year | 15,424,225 | 8,306,336 | 8,306,337 |
| 34. | Net income or (loss) from Line 32 | 563,188 | 604,513 | 7,105,119 |
| 35. | Change in valuation basis of aggregate policy and claim reserves | | | |
| 36. | Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 | | | |
| 37. | Change in net unrealized foreign exchange capital gain or (loss) | | | |
| 38. | Change in net deferred income tax | | | |
| 39. | Change in nonadmitted assets | 81,878 | 158,325 | 12,769 |
| 40. | Change in unauthorized reinsurance | | | |
| 41. | Change in treasury stock | | | |
| 42. | Change in surplus notes | | | |
| 43. | Cumulative effect of changes in accounting principles | | | |
| 44. | Capital Changes: | | | |
| 44.1 | Paid in | | | |
| 44.2 | Transferred from surplus (Stock Dividend) | | | |
| 44.3 | Transferred to surplus | | | |
| 45. | Surplus adjustments: | | | |
| 45.1 | Paid in | | | |
| 45.2 | Transferred to capital (Stock Dividend) | | | |
| 45.3 | Transferred from capital | | | |
| 46. | Dividends to stockholders | | | |
| 47. | Aggregate write-ins for gains or (losses) in surplus | | | |
| 48. | Net change in capital and surplus (Lines 34 to 47) | 645,066 | 762,838 | 7,117,888 |
| 49. | Capital and surplus end of reporting period (Line 33 plus 48) | 16,069,291 | 9,069,174 | 15,424,225 |
| DETAILS OF WRITE-INS | | | | |
| 4701. | | | | |
| 4702. | | | | |
| 4703. | | | | |
| 4798. | Summary of remaining write-ins for Line 47 from overflow page | | | |
| 4799. | TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) | | | |

CASH FLOW

| | | 1 | 2 | 3 |
|---|--|------------|-------------|-------------|
| | | Current | Prior | Prior |
| | | Year | Year | Year Ended |
| | | To Date | To Date | December 31 |
| Cash from Operations | | | | |
| 1. | Premiums collected net of reinsurance | 21,684,498 | 16,450,152 | 73,086,456 |
| 2. | Net investment income | 4,547 | 37,923 | 89,306 |
| 3. | Miscellaneous income | 227,887 | 527,403 | (110,133) |
| 4. | Total (Lines 1 to 3) | 21,916,932 | 17,015,478 | 73,065,629 |
| 5. | Benefit and loss related payments | 16,066,438 | 11,830,761 | 52,216,122 |
| 6. | Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. | Commissions, expenses paid and aggregate write-ins for deductions | 4,039,657 | 2,780,437 | 12,814,571 |
| 8. | Dividends paid to policyholders | | | |
| 9. | Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) | | | |
| 10. | Total (Lines 5 through 9) | 20,106,095 | 14,611,198 | 65,030,693 |
| 11. | Net cash from operations (Line 4 minus Line 10) | 1,810,837 | 2,404,280 | 8,034,936 |
| Cash from Investments | | | | |
| 12. | Proceeds from investments sold, matured or repaid: | | | |
| 12.1 | Bonds | | | |
| 12.2 | Stocks | 13,787 | | 7,414,015 |
| 12.3 | Mortgage loans | | | |
| 12.4 | Real estate | | | |
| 12.5 | Other invested assets | | | |
| 12.6 | Net gains or (losses) on cash, cash equivalents and short-term investments | (263) | | |
| 12.7 | Miscellaneous proceeds | | | |
| 12.8 | Total investment proceeds (Lines 12.1 to 12.7) | 13,524 | | 7,414,015 |
| 13. | Cost of investments acquired (long-term only): | | | |
| 13.1 | Bonds | | | 540,000 |
| 13.2 | Stocks | | 7,074,213 | 7,170,642 |
| 13.3 | Mortgage loans | | | |
| 13.4 | Real estate | | | |
| 13.5 | Other invested assets | | | |
| 13.6 | Miscellaneous applications | | | 256,879 |
| 13.7 | Total investments acquired (Lines 13.1 to 13.6) | | 7,074,213 | 7,967,521 |
| 14. | Net increase (or decrease) in contract loans and premium notes | | | |
| 15. | Net cash from investments (Line 12.8 minus Lines 13.7 and 14) | 13,524 | (7,074,213) | (553,506) |
| Cash from Financing and Miscellaneous Sources | | | | |
| 16. | Cash provided (applied): | | | |
| 16.1 | Surplus notes, capital notes | | | |
| 16.2 | Capital and paid in surplus, less treasury stock | | | |
| 16.3 | Borrowed funds | | | |
| 16.4 | Net deposits on deposit-type contracts and other insurance liabilities | | | |
| 16.5 | Dividends to stockholders | | | |
| 16.6 | Other cash provided (applied) | 1,364,073 | 578,395 | 471,358 |
| 17. | Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) | 1,364,073 | 578,395 | 471,358 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | | |
| 18. | Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 3,188,434 | (4,091,538) | 7,952,788 |
| 19. | Cash, cash equivalents and short-term investments: | | | |
| 19.1 | Beginning of year | 22,927,424 | 14,974,636 | 14,974,636 |
| 19.2 | End of period (Line 18 plus Line 19.1) | 26,115,858 | 10,883,098 | 22,927,424 |

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

| | | | | |
|---------|--|--|--|--|
| 20.0001 | | | | |
| 20.0002 | | | | |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|--|----------------|------------------------------------|----------------|---------------------------------|-------------------------|-------------------------|--|----------------------------------|--------------------------------|-----------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 24,770 | | 24,770 | | | | | | | |
| 2. First Quarter | 26,272 | | 26,272 | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | 78,396 | | 78,396 | | | | | | | |
| Total Member Ambulatory Encounters for Period: | | | | | | | | | | |
| 7. Physician | 37,657 | | 37,657 | | | | | | | |
| 8. Non-Physician | 13,359 | | 13,359 | | | | | | | |
| 9. Total | 51,016 | | 51,016 | | | | | | | |
| 10. Hospital Patient Days Incurred | 1,956 | | 1,956 | | | | | | | |
| 11. Number of Inpatient Admissions | 487 | | 487 | | | | | | | |
| 12. Health Premiums Written (a) | 21,896,141 | | 21,896,141 | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 21,896,141 | | 21,896,141 | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 16,172,063 | | 16,172,063 | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 17,040,592 | | 17,040,592 | | | | | | | |

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

| Aging Analysis of Unpaid Claims | | | | | | |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 days | 6 Over 120 Days | 7 Total |
| Individually Listed Claims Unpaid | | | | | | |
| Rx America | 434,086 | | | | | 434,086 |
| 0199999 Individually Listed Claims Unpaid | 434,086 | | | | | 434,086 |
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered | | | | | | |
| 0399999 Aggregate Accounts Not Individually Listed - Covered | 1,231,285 | | | | | 1,231,285 |
| 0499999 Subtotals | 1,665,371 | | | | | 1,665,371 |
| 0599999 Unreported claims and other claim reserves | | | | | | 6,170,480 |
| 0699999 Total Amounts Withheld | | | | | | |
| 0799999 Total Claims Unpaid | | | | | | 7,835,851 |
| 0899999 Accrued Medical Incentive Pool And Bonus Amounts | | | | | | 173,339 |

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

| Line of Business | | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 6 |
|------------------------|---|--|---|--|---|--|---|
| | | 1 | 2 | 3 | 4 | Claims Incurred in Prior Years (Columns 1+3) | Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year |
| | | On Claims Incurred Prior to January 1 of Current Year | On Claims Incurred During the Year | On Claims Unpaid Dec 31 of Prior Year | On Claims Incurred During the Year | | |
| 1. | Comprehensive (hospital & medical) | 4,382,413 | 11,876,730 | 2,761,548 | 5,074,303 | 7,143,961 | 6,894,310 |
| 2. | Medicare Supplement | | | | | | |
| 3. | Dental only | | | | | | |
| 4. | Vision only | | | | | | |
| 5. | Federal Employees Health Benefits Plan | | | | | | |
| 6. | Title XVIII - Medicare | | | | | | |
| 7. | Title XIX - Medicaid | | | | | | |
| 8. | Other health | | | | | | |
| 9. | Health subtotal (Lines 1 to 8) | 4,382,413 | 11,876,730 | 2,761,548 | 5,074,303 | 7,143,961 | 6,894,310 |
| 10. | Healthcare receivables (a) | | | | | | |
| 11. | Other non-health | | | | | | |
| 12. | Medical incentive pools and bonus amounts | (100,950) | 13,870 | 130,806 | 42,533 | 29,856 | 249,351 |
| 13. | Totals (Lines 9 - 10 + 11 + 12) | 4,281,463 | 11,890,600 | 2,892,354 | 5,116,836 | 7,173,817 | 7,143,661 |

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

Note 1 - Nature of Business and Significant Accounting Policies

Total Health Care USA, Inc. (the "Company"), a not-for-profit corporation and wholly owned subsidiary of Total Health Care, Inc., operates as a state-licensed health maintenance organization (HMO) effective October 2005. The Company provides medical services to persons primarily in southeastern Michigan who subscribe as part of an employer group or as individuals.

Statutory Basis of Accounting - The financial statements have been prepared in accordance with the NAIC Accounting Practices and Procedures manual and the statutory accounting principles as prescribed by Section 1007 of the Michigan statutes. Statutory accounting principles differ from generally accepted accounting principles (GAAP) in their definition of assets and liabilities. Specifically, certain assets (such as certain receivables from affiliates) are excluded from the statutory-basis balance sheet. GAAP net assets exceed statutory net assets by approximately \$473,000 and \$555,000 at March 31, 2011 and December 31, 2010, respectively. There are no significant differences between statutory accounting principles prescribed by NAIC and the State of Michigan accounting requirements that are applicable to the Company.

Cash and Short-term Investments - The Company considers all highly liquid investments purchased with an original maturity of three months or less when purchased to be cash equivalents. Certificates of deposit in banks or other similar financial institutions with maturity dates of one year or less from the acquisition date are considered cash under statutory accounting principles.

Investments - Short-term investments and long-term certificates of deposit are recorded at amortized cost, which approximates fair market value. Long-term certificates of deposit are classified as bonds on the balance sheet per statutory guidance. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in net investment income on the statement of operations. Changes in unrealized gains and losses on investments are included as a direct adjustment to capital and surplus.

Revenue Recognition and Health Premiums Due and Unpaid - Subscriber premiums are recognized in the period that members are entitled to related health care services. A substantial portion of health premiums due and unpaid is due from third-party payors for subscribers located within southeastern Michigan. Health premiums due and unpaid are stated at invoice amounts. Unpaid invoices greater than 90 days old are treated as non-admitted for statutory accounting purposes.

Recognition of Medical and Hospital Expenses - Medical and hospital expenses and the related liabilities are recorded when eligible medical and hospital services are authorized or performed. Claims unpaid represent management's estimate of the ultimate cost to settle all claims incurred prior to year-end. Capitation retained for the settlement of risk-sharing is included in the accrued medical incentive pool liability at March 31, 2011 and December 31, 2010.

Physician Group Contracts - The Company contracts with physician groups for the provision of medical care and compensates the groups on a capitation basis. During 2007, the Company revised its physician group contracts. These contracts have a specialty claims incentive and pay-for-performance incentive. If the providers meet the incentives, they share in the savings and a payable is recorded. If the providers do not meet the incentives, they share in the excess costs and a health care receivable is recorded if deemed collectible by management. During 2011 and 2010, health care receivables and payables have been recorded from/to providers.

Hospital Group Contracts - The Company contracts with several hospitals and other groups. These contracts are paid under capitated fees or various other charge arrangements.

Malpractice Claims - The Company has a claims-made policy for malpractice insurance. The Company's policy is to accrue for estimated costs of claims and incidents during the term of the claims-made policy.

Employee Staffing and Purchased Services Agreement - The Company has an employee staffing and purchased services agreement with Total Health Care, Inc., its parent company, which is responsible for payment of most of the management, operational, and administrative expenses. Ultimate operational control rests with the board of directors of Total Health Care USA, Inc.

Notes to Financial Statement

Income Taxes - Total Health Care USA, Inc. has received federal income tax exemption under Internal Revenue Code Section 501(c)(4). The Company is also exempt from state and local income taxes.

Funds Maintained Under Statutory Requirements - The Company maintains segregated funds under statutory requirements to protect members and health care providers in the event the Company is unable to meet its contractual obligations. These funds can be issued only at the direction of the insurance commissioner in accordance with statutory and contractual provisions. Interest earned on these funds can be utilized by the Company. At March 31, 2011 and December 31, 2010, \$1,004,372 and \$1,003,998, respectively, was held in a combination of cash and short-term investments to fulfill these requirements.

Use of Estimates - The preparation of financial statements in conformity with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Certain significant estimates exist relating to unpaid claims. It is at least reasonably possible that these estimates will be materially revised in the near term.

A reconciliation of the Total Health USA's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

| | 2011 | 2010 |
|---|------------|------------|
| (1) Net Income - State Basis | 563,188 | 7,105,119 |
| (2) State Prescribed Practices (Income): | 0 | 0 |
| Depreciation of fixed assets | | |
| (3) State Permitted Practices (Income): | 0 | 0 |
| Depreciation, home office property | | |
| (4) Net Income, NAIC SAP | 563,188 | 7,105,119 |
| (5) Statutory Surplus State Basis | 16,069,291 | 15,424,225 |
| (6) State Prescribed Practices (Surplus): | 0 | 0 |
| Goodwill, net | | |
| Fixed Assets, net | | |
| (7) State Permitted Practices (Surplus): | 0 | 0 |
| Home Office Property | | |
| (8) Statutory Surplus, NAIC SAP | 16,069,291 | 15,424,225 |

Note 2 - Accounting Changes and Corrections of Errors

NO CHANGE

Note 3 - Business Combinations and Goodwill

This note is not applicable to the Company.

Note 4 - Discontinued Operations

This note is not applicable to the Company.

Note 5 - Investments

The Company does not have investments relating to mortgage loans, debt restructuring, reverse mortgages, loan-backed securities, repurchase agreement, or real estate.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

The Company has no investments in joint ventures, partnerships, or limited liability companies.

Note 7 - Investment Income

The Company has no investment income due and accrued over 90 days past due.

Note 8 - Derivative Instruments

The Company does not invest in derivatives.

Note 9 - Income Taxes

This note is not applicable to the Company.

Notes to Financial Statement

Note 10 - Information Concerning Parent, Subsidiaries, and Affiliates

NO CHANGE

Note 11 - Debt

This note is not applicable to the Company.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans

This note is not applicable to the Company.

Note 13 - Capital and Surplus, Stockholders' Dividend Restrictions, and Quasi-reorganizations

NO CHANGE

Note 14 - Contingencies

NO CHANGE

Note 15 - Leases

This note is not applicable to the Company.

Note 16 - Information about Financial Instruments with Off-balance-sheet Risk and Financial Instruments with Concentrations of Credit Risk

This note is not applicable to the Company.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

This note is not applicable to the Company.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

This note is not applicable to the Company.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third-party Administrators

This note is not applicable to the Company.

Note 20 - Fair Value Measurements

The following table presents information about the Company’s assets and liabilities measured at fair value at March 31, 2011, and the valuation techniques used by the Company to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Company has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based in the lowest level input that is significant to the valuation. The Company’s assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

Fair Value Measurements at Reporting Date

| Description | | Level 1 | Level 2 | Level 3 | Total |
|----------------------|----------------------|-----------|---------|---------|-----------|
| Assets at fair value | | | | | |
| Money Market | | | | | |
| Funds - | Industrial and misc. | 2,681,165 | | | 2,681,165 |

Notes to Financial Statement

| | | |
|----------------------------|-----------|-----------|
| Total assets at fair value | 2,681,165 | 2,681,165 |
|----------------------------|-----------|-----------|

Note 21 - Other Items

NO CHANGE

Note 22 - Events Subsequent

No unusual or material events have occurred subsequent to year end.

Note 23 - Reinsurance

A. Ceded Reinsurance Report

NO CHANGE

B. Uncollectible Reinsurance

NO CHANGE

C. Commutation of Ceded Reinsurance

NO CHANGE

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

This note is not applicable to the Company.

Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2010 were \$7,296,944. As of March 31, 2011, \$4,281,463 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$2,892,354 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive Medical lines of business. Therefore, there has been a \$123,127 favorable prior-year development since December 31, 2010 to March 31, 2011. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

Note 26 - Intercompany Pooling Arrangements

This note is not applicable to the Company.

Note 27 - Structured Settlements

This note is not applicable to the Company.

Note 28 - Health Care Receivables

NO CHANGE

Note 29 - Participating Policies

This note is not applicable to the Company.

Note 30 - Premium Deficiency Reserves

This note is not applicable to the Company.

Note 31 - Anticipated Salvage and Subrogation

NO CHANGE

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
3. Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes[] No[X]
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes[] No[X] N/A[]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2009
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2005
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

08/02/2007
- 6.4 By what department or departments?
MICHIGAN OFFICE OF FINANCIAL AND INSURANCE REGULATION
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[X] No[] N/A[]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 OTS | 6 FDIC | 7 SEC |
|---------------------|-----------------------------|--------------|--------------|--------------|--------------|--------------|
| | | Yes[] No[X] | Yes[] No[X] | Yes[] No[X] | Yes[] No[X] | Yes[] No[X] |

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0
13. Amount of real estate and mortgages held in short-term investments:

\$..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|--|--|---|
| 14.21 Bonds | | |
| 14.22 Preferred Stock | | |
| 14.23 Common Stock | | |
| 14.24 Short-Term Investments | | |
| 14.25 Mortgages Loans on Real Estate | | |
| 14.26 All Other | | |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | | |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | | |

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.
- Yes[] No[X]
Yes[] No[] N/A[X]
16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:
- Yes[X] No[]

| 1 Name of Custodian(s) | 2 Custodian Address |
|---|---|
| COMERICA BANK - LYNN HUTZEL-UISEL | 611 WOODWARD AVE, DETROIT, MI 48226 |
| FIRST INDEPENDENCE NAT'L BANK - RHONDA PUGH | 44 MICHIGAN AVE, DETROIT, MI 48226 |

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?
16.4 If yes, give full and complete information relating thereto:
- Yes[] No[X]

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|------------------------|-------------|
| | | | |

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|---|--------------|--------------|
| | | |

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
17.2 If no, list exceptions:
NOT REQUIRED BY STATE OF DOMICILE
- Yes[] No[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

| | |
|--|---------------|
| 1. Operating Percentages: | |
| 1.1 A&H loss percent | 78.000% |
| 1.2 A&H cost containment percent | 0.000% |
| 1.3 A&H expense percent excluding cost containment expenses | 19.000% |
| 2.1 Do you act as a custodian for health savings accounts? | Yes[] No[X] |
| 2.2 If yes, please provide the amount of custodial funds held as of the reporting date. | \$..... 0 |
| 2.3 Do you act as an administrator for health savings accounts? | Yes[] No[X] |
| 2.4 If yes, please provide the balance of the funds administered as of the reporting date. | \$..... 0 |

SCHEDULE S - CEDED REINSURANCE
Showing All New Reinsurance Treaties - Current Year to Date

| 1 NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Reinsurer | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Is Insurer Authorized? (Yes or No) |
|---|------------------------------|------------------------|----------------------------|----------------------------------|--------------------------------------|---|
| Accident and Health - Affiliates | | | | | | |
| 60739 | 74-0484030 | 11/01/2010 | AMERICAN NATL INS CO | TX | SSL/L/I | Yes[X] No[] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
Current Year to Date - Allocated by States and Territories

| | | 1 | Direct Business Only | | | | | | |
|-------------|---|---------------|------------------------------|----------------------|--------------------|--|--|-----------------------------|---------------------------|
| | | | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| State, Etc. | | Active Status | Accident and Health Premiums | Medicare Title XVIII | Medicaid Title XIX | Federal Employees Health Benefits Program Premiums | Life and Annuity Premiums and Other Considerations | Property/ Casualty Premiums | Total Columns 2 Through 7 |
| 1. | Alabama (AL) | N | | | | | | | |
| 2. | Alaska (AK) | N | | | | | | | |
| 3. | Arizona (AZ) | N | | | | | | | |
| 4. | Arkansas (AR) | N | | | | | | | |
| 5. | California (CA) | N | | | | | | | |
| 6. | Colorado (CO) | N | | | | | | | |
| 7. | Connecticut (CT) | N | | | | | | | |
| 8. | Delaware (DE) | N | | | | | | | |
| 9. | District of Columbia (DC) | N | | | | | | | |
| 10. | Florida (FL) | N | | | | | | | |
| 11. | Georgia (GA) | N | | | | | | | |
| 12. | Hawaii (HI) | N | | | | | | | |
| 13. | Idaho (ID) | N | | | | | | | |
| 14. | Illinois (IL) | N | | | | | | | |
| 15. | Indiana (IN) | N | | | | | | | |
| 16. | Iowa (IA) | N | | | | | | | |
| 17. | Kansas (KS) | N | | | | | | | |
| 18. | Kentucky (KY) | N | | | | | | | |
| 19. | Louisiana (LA) | N | | | | | | | |
| 20. | Maine (ME) | N | | | | | | | |
| 21. | Maryland (MD) | N | | | | | | | |
| 22. | Massachusetts (MA) | N | | | | | | | |
| 23. | Michigan (MI) | L | 21,726,481 | | | | | | 21,726,481 |
| 24. | Minnesota (MN) | N | | | | | | | |
| 25. | Mississippi (MS) | N | | | | | | | |
| 26. | Missouri (MO) | N | | | | | | | |
| 27. | Montana (MT) | N | | | | | | | |
| 28. | Nebraska (NE) | N | | | | | | | |
| 29. | Nevada (NV) | N | | | | | | | |
| 30. | New Hampshire (NH) | N | | | | | | | |
| 31. | New Jersey (NJ) | N | | | | | | | |
| 32. | New Mexico (NM) | N | | | | | | | |
| 33. | New York (NY) | N | | | | | | | |
| 34. | North Carolina (NC) | N | | | | | | | |
| 35. | North Dakota (ND) | N | | | | | | | |
| 36. | Ohio (OH) | N | | | | | | | |
| 37. | Oklahoma (OK) | N | | | | | | | |
| 38. | Oregon (OR) | N | | | | | | | |
| 39. | Pennsylvania (PA) | N | | | | | | | |
| 40. | Rhode Island (RI) | N | | | | | | | |
| 41. | South Carolina (SC) | N | | | | | | | |
| 42. | South Dakota (SD) | N | | | | | | | |
| 43. | Tennessee (TN) | N | | | | | | | |
| 44. | Texas (TX) | N | | | | | | | |
| 45. | Utah (UT) | N | | | | | | | |
| 46. | Vermont (VT) | N | | | | | | | |
| 47. | Virginia (VA) | N | | | | | | | |
| 48. | Washington (WA) | N | | | | | | | |
| 49. | West Virginia (WV) | N | | | | | | | |
| 50. | Wisconsin (WI) | N | | | | | | | |
| 51. | Wyoming (WY) | N | | | | | | | |
| 52. | American Samoa (AS) | N | | | | | | | |
| 53. | Guam (GU) | N | | | | | | | |
| 54. | Puerto Rico (PR) | N | | | | | | | |
| 55. | U.S. Virgin Islands (VI) | N | | | | | | | |
| 56. | Northern Mariana Islands (MP) | N | | | | | | | |
| 57. | Canada (CN) | N | | | | | | | |
| 58. | Aggregate other alien (OT) | X X X | | | | | | | |
| 59. | Subtotal | X X X | 21,726,481 | | | | | | 21,726,481 |
| 60. | Reporting entity contributions for Employee Benefit Plans | X X X | | | | | | | |
| 61. | Total (Direct Business) | (a) 1 | 21,726,481 | | | | | | 21,726,481 |

DETAILS OF WRITE-INS

| | | | | | | | | | |
|-------|---|-------|--|--|--|--|--|--|--|
| 5801. | | X X X | | | | | | | |
| 5802. | | X X X | | | | | | | |
| 5803. | | X X X | | | | | | | |
| 5898. | Summary of remaining write-ins for Line 58 from overflow page | X X X | | | | | | | |
| 5899. | TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) | X X X | | | | | | | |

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

TOTAL HEALTH CARE, INC. – PARENT
38-2018957, NAIC #95644, STATE OF MICHIGAN

TOTAL HEALTH CARE USA, INC. – WHOLLY OWNED SUBSIDIARY OF TOTAL HEALTH CARE, INC.
38-3240485, NAIC #12326, STATE OF MICHIGAN

TOTAL HEALTH CHOICE, INC. – WHOLLY OWNED SUBSIDIARY OF TOTAL HEALTH CARE, INC.
33-0603319, NAIC #95134, STATE OF FLORIDA

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

| RESPONSE |
|----------|
| No |

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF **March 31, 2011** OF THE **TOTAL HEALTH CARE USA, INC.**

SCHEDULE A - VERIFICATION

| Real Estate | | |
|---|--------------|---------------------------------|
| | 1 | 2 |
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Current year change in encumbrances | | |
| 4. Total gain (loss) on disposals | | |
| 5. Deduct amounts received on disposals | | |
| 6. Total foreign exchange change in book/adjusted carrying value | | |
| 7. Deduct current year's other than temporary impairment recognized | | |
| 8. Deduct current year's depreciation | | |
| 9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) | | |
| 10. Deduct total nonadmitted amounts | | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | | |

SCHEDULE B - VERIFICATION

Mortgage Loans

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and mortgage interest points | | |
| 9. Total foreign exchange change in book value/recorded investment | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | | |
| 12. Total valuation allowance | | |
| 13. Subtotal (Line 11 plus Line 12) | | |
| 14. Deduct total nonadmitted amounts | | |
| 15. Statement value at end of current period (Line 13 minus Line 14) | | |

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 553,506 | |
| 2. Cost of bonds and stocks acquired | | 7,710,642 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | 263 | 256,879 |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration for bonds and stocks disposed of | 13,787 | 7,414,015 |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 539,982 | 553,506 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 539,982 | 553,506 |

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|--|---|---|---|--|---|--|--|
| | Book/Adjusted Carrying Value Beginning of Current Quarter | Acquisitions During Current Quarter | Dispositions During Current Quarter | Non-Trading Activity During Current Quarter | Book/Adjusted Carrying Value End of First Quarter | Book/Adjusted Carrying Value End of Second Quarter | Book/Adjusted Carrying Value End of Third Quarter | Book/Adjusted Carrying Value December 31 Prior Year |
| BONDS | | | | | | | | |
| 1. Class 1 (a) | 553,506 | 263 | 13,787 | | 539,982 | | | 553,506 |
| 2. Class 2 (a) | | | | | | | | |
| 3. Class 3 (a) | | | | | | | | |
| 4. Class 4 (a) | | | | | | | | |
| 5. Class 5 (a) | | | | | | | | |
| 6. Class 6 (a) | | | | | | | | |
| 7. Total Bonds | 553,506 | 263 | 13,787 | | 539,982 | | | 553,506 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1 | | | | | | | | |
| 9. Class 2 | | | | | | | | |
| 10. Class 3 | | | | | | | | |
| 11. Class 4 | | | | | | | | |
| 12. Class 5 | | | | | | | | |
| 13. Class 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds & Preferred Stock | 553,506 | 263 | 13,787 | | 539,982 | | | 553,506 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|-----------------------|---|--------------------|-------------------------|---|---|
| 9199999. Totals | 2,681,165 | X X X | 2,681,165 | 724 | |

SCHEDULE DA - Verification

Short-Term Investments

| | | 1 Year To Date | 2 Prior Year Ended December 31 |
|-----|--|-----------------------|--------------------------------------|
| 1. | Book/adjusted carrying value, December 31 of prior year | 1,718,170 | 7,907,434 |
| 2. | Cost of short-term investments acquired | 962,995 | 1,718,570 |
| 3. | Accrual of discount | | |
| 4. | Unrealized valuation increase (decrease) | | |
| 5. | Total gain (loss) on disposals | | |
| 6. | Deduct consideration received on disposals | | 7,907,834 |
| 7. | Deduct amortization of premium | | |
| 8. | Total foreign exchange change in book/adjusted carrying value | | |
| 9. | Deduct current year's other than temporary impairment recognized | | |
| 10. | Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) | 2,681,165 | 1,718,170 |
| 11. | Deduct total nonadmitted amounts | | |
| 12. | Statement value at end of current period (Line 10 minus Line 11) | 2,681,165 | 1,718,170 |

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

| | | |
|-----|---|------|
| E01 | Schedule A Part 2 | NONE |
| E01 | Schedule A Part 3 | NONE |
| E02 | Schedule B Part 2 | NONE |
| E02 | Schedule B Part 3 | NONE |
| E03 | Schedule BA Part 2 | NONE |
| E03 | Schedule BA Part 3 | NONE |
| E04 | Schedule D Part 3 | NONE |
| E05 | Schedule D Part 4 | NONE |
| E06 | Schedule DB Part A Section 1 | NONE |
| E07 | Schedule DB Part B Section 1 | NONE |
| E08 | Schedule DB Part D | NONE |
| E09 | Schedule DL - Part 1 - Securities Lending Collateral Assets | NONE |
| E10 | Schedule DL - Part 2 - Securities Lending Collateral Assets | NONE |

SCHEDULE E - PART 1 - CASH

| Month End Depository Balances | | | | | | | | | | |
|--|-------------------------|------------|-------|---|---|---|---|-----------------|----------------|-------|
| 1 | | | 2 | 3 | 4 | 5 | Book Balance at End of Each Month During Current Quarter | | | 9 |
| Depository | | | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount of Interest Accrued at Current Statement Date | 6 | 7 | 8 | * |
| | | | | | | | First Month | Second Month | Third Month | |
| open depositories | | | | | | | | | | |
| First Independence National Bank | | | | | | | 12,414,135 | 13,346,165 | 9,189,890 | X X X |
| Comerica | | | | | | | | | 5,342,702 | X X X |
| Access National Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Avenue Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,269 | 225,625 | 225,625 | 225,625 | 225,625 | X X X |
| Bank Financial, FSB | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Bank of Jackson Hole | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Bank of North Carolina | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Bath Savings Institution | First Independence Bank | 07/01/2010 | | 0.747 | 326 | 58,000 | 58,000 | 58,000 | 58,000 | X X X |
| Carver Federal Savings Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| CoBix Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Community Bank | First Independence Bank | 07/01/2010 | | 0.747 | 619 | 110,100 | 110,100 | 110,100 | 110,100 | X X X |
| Community West Bank | First Independence Bank | 07/01/2010 | | 0.747 | 686 | 122,000 | 122,000 | 122,000 | 122,000 | X X X |
| Eagle Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,018 | 181,012 | 181,012 | 181,012 | 181,012 | X X X |
| East West Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Fieldpoint Private Bank & Trust | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| First Citizens National Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Gibraltar Private Bank & Trust | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Greeneville Federal Bank, FSB | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Harris National Association | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Hometown Bank | First Independence Bank | 07/01/2010 | | 0.747 | 94 | 16,667 | 16,667 | 16,667 | 16,667 | X X X |
| Inland Community Bank, NA | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Johnson Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Mountain West Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Old Second National Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Pinnacle Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Premier Commercial Bank, NA | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Republic Bank & Trust Company | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Rhinebeck Savings Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Sterling National Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| The Peoples Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| Umpqua Bank | First Independence Bank | 07/01/2010 | | 0.747 | 515 | 91,596 | 91,596 | 91,596 | 91,596 | X X X |
| Union Center National Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| United Center National Bank | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| United Southern Bank | First Independence Bank | 07/01/2010 | | 0.747 | 42 | 7,500 | 7,500 | 7,500 | 7,500 | X X X |
| WesBanco Bank, Inc. | First Independence Bank | 07/01/2010 | | 0.747 | 1,325 | 235,500 | 235,500 | 235,500 | 235,500 | X X X |
| American Express Centurion Bk | | 09/19/2011 | | 0.750 | 893 | 73 | 240,449 | 240,394 | 240,329 | X X X |
| Banco Santander Puerto Rico | | 02/08/2011 | | 0.250 | 102 | | 239,995 | | | X X X |
| .25 | | 01/13/2011 | | 0.300 | 363 | | | | | X X X |
| Bank Hapoalin B.M. - NY | | 06/08/2011 | | 0.300 | | 225 | 239,878 | 239,928 | 239,957 | X X X |
| Bank of China - NY | | 09/14/2011 | | 0.400 | | 518 | 239,926 | 239,935 | 239,945 | X X X |
| Bank of India -NY | | 06/08/2011 | | 0.500 | | 973 | 240,041 | 240,053 | 240,041 | X X X |
| Beal Bank Nevada | | 09/07/2011 | | 0.350 | | 469 | 239,858 | 239,875 | 239,897 | X X X |
| Beal Bank TX | | 04/28/2011 | | 1.300 | | 233 | 42,087 | 42,058 | 42,024 | X X X |
| Carolina First Bank - SC | | 09/09/2011 | | 0.350 | | 467 | 239,837 | 239,909 | 240,010 | X X X |
| GE Money Bnk | | 04/14/2011 | | 0.250 | | 233 | 239,930 | 239,959 | 239,990 | X X X |
| H & R Block Bank | | 04/27/2011 | | 0.300 | | 308 | 239,945 | 239,964 | 239,985 | X X X |
| Metlife Bank | | 06/22/2011 | | 0.250 | | 314 | 239,818 | 239,863 | 239,923 | X X X |
| Oriental Bank & Trust | | 01/11/2010 | | 0.250 | 352 | | | | | X X X |
| Safra National Bank | | 03/14/2011 | | 0.200 | 238 | | 239,945 | 239,981 | | X X X |
| State Bank of India | | | | | | | | | | |
| 0199998 Deposits in | | | | 0 depositories that do not exceed the allowable limit in any one depository - open depositories | X X X | X X X | | | | X X X |
| 0199999 Totals - Open Depositories | | | X X X | X X X | 1,948 | 41,507 | 21,795,844 | 22,488,084 | 23,434,693 | X X X |
| 0299998 Deposits in | | | | | | | | | | |
| 0 depositories that do not exceed the allowable limit in any one depository - suspended depositories | | | X X X | X X X | | | | | | X X X |
| 0299999 Totals - Suspended Depositories | | | X X X | X X X | | | | | | X X X |
| 0399999 Total Cash On Deposit | | | X X X | X X X | 1,948 | 41,507 | 21,795,844 | 22,488,084 | 23,434,693 | X X X |
| 0499999 Cash in Company's Office | | | X X X | X X X | X X X | X X X | | | | X X X |
| 0599999 Total Cash | | | X X X | X X X | 1,948 | 41,507 | 21,795,844 | 22,488,084 | 23,434,693 | X X X |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|------|------------------|---------------------|------------------|---------------------------------|--|--------------------------------|
| Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book/Adjusted Carrying Value | Amount of Interest Due & Accrued | Amount Received During Year |
| <div>NONE</div> | | | | | | | |
| 8699999 Total - Cash Equivalents | | | | | | | |

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